

FILED JUL 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19812
2773

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No. 2773
1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 4		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 025		
c. LENGTH OF STAY (in this place) 2 YEARS		d. STREET ADDRESS (If rural, give location) 5809 ROCKHILL ROAD		
d. FULL NAME OF HOSPITAL OR INSTITUTION 3918 CHARLOTTE GROSS NURSING HOME				
3. NAME OF DECEASED (Type or Print) a. (First) ELIZABETH b. (Middle) JANE c. (Last) STONEBURNER		4. DATE OF DEATH (Month) (Day) (Year) JUNE-25-1949		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH SEPT-28-1862	9. AGE (In years last birthday) 86 YEARS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) UNKNOWN INDIANA	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME WILLIAM LEMON		13b. MOTHER'S MAIDEN NAME ELIZA ELLEN TAPPAN	14. NAME OF HUSBAND OR WIFE GILBERT FRANKLIN STONEBURNER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Elmer W. Crowley 5341 Harrison Kansas City, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerotic heart disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION H260		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 24, 1949, to _____, 19____, that I last saw the deceased alive on June 24, 1949, and that death occurred at 9:15 A.M., from the causes and on the date stated above.				
23a. SIGNATURE Martin J. Mueller (Degree or title) Martin J. Mueller D.M.D.		23b. ADDRESS 934 Angelo Bldg. K.C. Mo.	23c. DATE SIGNED 6-25-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUNE-28-1949	24c. NAME OF CEMETERY OR-CREMATORY OAK HILL CEMETERY	24d. LOCATION (City, town, or county) (State) BUTLER, MISSOURI	
DATE REC'D BY LOCAL REG. 6-27-49		REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS P.W. Newcomer Sons 1731 BRUSH CREEK BLVD. KANSAS CITY, Mo.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

This person was cared for by
my associates, Dr. C. R. Lewis, and
I. C. Hayden from May, 1947

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Signed Robert Ray.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4182

P. O. Address Kansas City,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.